

O The period covered is ____ the date of leaving office.

☐ Candidate

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

DEPARTMENT OF ALCOHOL OF DRUG PROGRAMS

Please type or print in ink.

A Public Document

2009 FEB -4 PM 3: 04

ZITO RENEE	NAME (LAST)	(FIRST)	(MIDDLE)	HUM A NOAYOME RELECHORE NUMBER
1. Office, Agency, or Court Name of Office, Agency, or Court Dept statusted + Duy Programs Division', Board, District, if applicable: Check applicable schedules schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules: Schedule A-2 Yes - schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes - schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes - schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than 10% Ownership) Schedule B Yes - schedule attached Investments (Less than	ZITO	RENEE		
Name of Office, Agency, or Court: Dept state Linux Programs	MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CO	DE OPTIONAL: FAX / E-MAIL ADDRESS
Name of Office, Agency, or Court: Dept state Linux Programs				
Name of Office, Agency, or Court: De pt State	1. Office, Agency, or Court		4. Schedule Sur	nmary
attached schedules: Schedule A-1	Name of Office, Agency, or Court:	4 Programs	 → Total number of poincluding this cov → Check applicable states 	ages er page:
The filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency:	Your Position: Diecofore		1	
Schedule A-2	➡ If filing for multiple positions, list add			
Position: Position:		,	1	
2. Jurisdiction of Office (Check at least one box) State County of Multi-County Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2007, through December 31, 2007. Leaving Office Date Left: (Check one) O The period covered is January 1, 2007, through the	Position:		_	Yes – schedule attached
Other	☑ State ☐ County of		Income, Loans, & Bus and Travel Payments) Schedule D Income – Gifts Schedule E	Yes - schedule attached Yes - schedule attached
3. Type of Statement (Check at least one box) Assuming Office/Initial Date: □2 26 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				-or-
Annual: The period covered is January 1, 2007, through December 31, 2007. Orthogorous of the period covered is/, through December 31, 2007. Leaving Office Date Left:/, Check one) Orthogorous Date Left:/, through the statement and complete. S. Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in an attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			No reportable in	terests on any schedule
through December 31, 2007. Or- OThe period covered is/, through December 31, 2007. Leaving Office Date Left:/ (Check one) The period covered is January 1, 2007, through the	☐ Assuming Office/Initial Date: ②	2,26,07	5. Verification	
	through December 31, 2007. -Or- O The period covered is/ December 31, 2007. Leaving Office Date Left:/	, through	statement. I have revi my knowledge the inf attached schedules is I certify under penalty	ewed this statement and to the best of ormation contained herein and in any true and complete. of perjury under the laws of the State
		2007, through the		

FPPC Form 700 (2007/2008) FPPC Toll-Free Helpline: 866/ASK-FPPC

DAYTIME TELEPHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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(MIDDLE)

ZIP CODE

STATE

Please type or print in ink.

NAME (LAST) (FIRST) Z/TO FALLET
MAILING ADDRESS STREET CITY
(May use business address)
1. Office, Agency, or Court
Name of Office, Agency, or Court:
Dept of alcohol + Drug Programs Division, Board, District, if applicable:
Division, Board, District, ii applicable:
Your Position: Director
If filling for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency:
Position:
1 contion.
2. Jurisdiction of Office (Check at least one box)
State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial Date: 2,26,01
Annual: The period covered is January 1, 2007, through December 31, 2007.
-or-
O The period covered is/, through December 31, 2007.
Leaving Office Date Left://(Check one)
O The period covered is January 1, 2007, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
☐ Candidate

4. Schedule Summary
→ Total number of pages including this cover page:
➡ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)
Schedule B
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes – schedule attached Income – Gifts
Schedule E
-or-
No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



EPARTMENT OF ALCOHOL

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FAIR POLITICAL PRACTICES COMMISSION RESOURCES BRANCH

428 J Street • Suite 620 • Sacramento, CA 95814-2329 (916) 322-5660 • Fax (916) 322-0886

August 29, 2008

Renee Zito Director Alcohol & Drug Program Department 1700 K Street Sacramento, California 95811



Re: Statement of Economic Interests Type of Statement: **2007 Annual** Date Filed: February 4, 2008

Dear Ms. Zito:

The Fair Political Practices Commission received your statement of economic interests (Form 700). A review of your statement indicates that further information may be required as explained on the attachment.

The enclosed amendment schedule(s) should be completed within 30 days and returned to Theresa Melendez, Alcohol & Drug Program Department, who will retain a copy and forward the original to the Fair Political Practices Commission. Please retain a copy of the amendment schedule(s) for your records to assist you in completing future statements of economic interests.

Please note that our review of your statement does not constitute an in depth audit and your compliance with this request for amendment information or correction does not relieve you of responsibility for the overall accuracy and completeness of your statement as required by law.

We are here to assist you. If you have any questions, please call me at (916) 322-3710.

Sincerely,

Cynthia Fisher Staff Services Analyst Technical Assistance Division

cc: Theresa Melendez

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